

<i>SERFF Tracking Number:</i>	<i>NWST-126236490</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Northwestern Mutual Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42993</i>
<i>Company Tracking Number:</i>	<i>90-1890-09 (0709)</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>90-1890-09 (0709)</i>		
<i>Project Name/Number:</i>	<i>90-1890-09 (0709)/90-1890-09 (0709)</i>		

Filing at a Glance

Company: The Northwestern Mutual Life Insurance Company

Product Name: 90-1890-09 (0709)

SERFF Tr Num: NWST-126236490 State: Arkansas

TOI: L07I Individual Life - Whole

SERFF Status: Closed-Approved-
Closed State Tr Num: 42993

Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: 90-1890-09 (0709)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Addie Croeker, John
Kotarski, Mai Xiong

Disposition Date: 07/27/2009

Date Submitted: 07/21/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 90-1890-09 (0709)

Status of Filing in Domicile: Pending

Project Number: 90-1890-09 (0709)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/27/2009

Explanation for Other Group Market Type:

State Status Changed: 07/27/2009

Deemer Date:

Created By: Addie Croeker

Submitted By: Addie Croeker

Corresponding Filing Tracking Number:

Filing Description:

We are submitting the above referenced form for your review and approval. This form replaces form 90-1890-09 (0409), which was approved by your state on 06/08/2009 under file number 42512. The change from the previously approved form is described below.

The second sentence in the "Authorization of Insurance" section has been corrected to read: "I make the following representations:"

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The sentence previously read:

"I have read and understand the Notice provided above and, accordingly, make the following representations:"

We plan to introduce this form in the fourth quarter of 2009.

Based on this information, your approval of the above referenced form is respectfully requested. If you have any questions or need additional information, please call me at (414) 665-5637 or e-mail me at johnkotarski@northwesternmutual.com.

Sincerely,
John Kotarski
Product Compliance Specialist
Actuarial Department

Company and Contact

Filing Contact Information

John Kotarski, Product Compliance Specialist	johnkotarski@northwesternmutual.com
720 East Wisconsin Avenue	414-665-5637 [Phone]
Rm S845	414-665-5006 [FAX]
Milwaukee, WI 53202	

Filing Company Information

The Northwestern Mutual Life Insurance Company	CoCode: 67091	State of Domicile: Wisconsin
720 East Wisconsin Avenue	Group Code: 860	Company Type: Life
Rm S845	Group Name:	State ID Number:
Milwaukee, WI 53202	FEIN Number: 39-0509570	
(414) 271-1444 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Northwestern Mutual Life Insurance Company	\$20.00	07/21/2009	29339843

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<i>Company Tracking Number:</i>	<i>90-1890-09 (0709)</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>90-1890-09 (0709)</i>		
<i>Project Name/Number:</i>	<i>90-1890-09 (0709)/90-1890-09 (0709)</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/27/2009	07/27/2009

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Disposition

Disposition Date: 07/27/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Arkansas Certificate		Yes
Form	Employer Sponsored GI/COLI Questionnaire		Yes

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Form Schedule

Lead Form Number: 90-1890-09 (0709)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	90-1890-09 (0709)	Application/ Enrollment Form	Employer Sponsored Initial GI/COLI Questionnaire			57.100	90-1890-09 (0709) AR.pdf

EMPLOYER SPONSORED GI / COLI QUESTIONNAIRE

Personal Information

INSURED (EMPLOYEE) DATE OF BIRTH (MM/DD/YYYY) SEX (M/F) SOCIAL SECURITY #

ADDRESS CITY STATE ZIP CODE

NAME OF EMPLOYER

Authorization of Insurance

I understand that the Employer is applying for, or requesting a material change to, a life insurance contract on my life (the "Contract"). I make the following representations:

1. I consent to being insured under the Contract and to future increases in the face amount of the Contract not to exceed a maximum face amount of \$ _____ (Note that the maximum face amount may be higher than the actual face amount.)
2. I consent to the coverage provided by the Contract (as defined in 1. above) continuing after I terminate employment with Employer.
3. I understand that Employer will be a direct or indirect beneficiary of death proceeds payable under the Contract at my death.

Questions About the Insured

1. During the last 3 months, have you missed 3 or more days of work due to sickness or injury or worked less than full-time (30 hours per week)? If "yes", complete chart below ☐ Yes ☐ No

Dates	Details or Conditions Including Treatment and Results	Health Care Provider's Name, Address, City, State and Zip Code

2. In the last 10 years, have you used tobacco or any other type of product containing nicotine or a smoking cessation medication? If "yes", complete the chart below. ☐ Yes ☐ No

Type of Product	Date Last Used	Frequency Used Per Year
<input type="checkbox"/> Cigarettes		
<input type="checkbox"/> Nicotine patch or gum		
<input type="checkbox"/> Chew or snuff		
<input type="checkbox"/> Cigars or pipe		
<input type="checkbox"/> Other (includes smoking cessation medications)		

The Insured consents to this application for life insurance in accordance with the terms of the employer's Life Insurance Program and declares that the answers and statements made on this application are correctly recorded, complete and true to the best of the Insured's knowledge and belief. Answers and statements brought to the attention of the agent are not considered information brought to the attention of the Company unless stated in the application. Statements in this application are representations and not warranties.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of INSURED (EMPLOYEE)

DATE (MM/DD/YYYY)

SIGNED AT (City & State)



NB-723-1

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch Readability Certification.pdf		
Bypassed - Item: Application Bypass Reason: N/A - this is not a Policy filing. Comments:		
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: N/A for this filing Comments:		
Satisfied - Item: Arkansas Certificate Comments: See attached Attachment: AR Certification.pdf		

READABILITY CERTIFICATION

I certify to the best of my knowledge and belief that the following forms meet the readability, legibility, and format requirements of any applicable laws and regulations of your state, and that the Flesch Readability Scores are as follows:

Form Number	Flesch Readability Score
90-1890-09 (0709)	57.1

THE NORTHWESTERN MUTUAL
LIFE INSURANCE COMPANY



Ted A. Matchulat
Director Product Compliance

7/21/2009

Date

THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

Re: 90-1890-09 (0709)

We hereby certify that we have carefully reviewed the form(s) submitted herewith and to the best of our knowledge and ability find:

- a. That said form(s) conform(s) to Regulation 19s10B and all applicable Arkansas Insurance Statutes and Department requirements.
- b. That said form(s) contain(s) no provision previously disapproved by the Insurance Department of Arkansas.



Ted A. Matchulat
Product Compliance Officer

07/20/2009

Date